

Comments for FCC Docket 10-54
March 5, 2010

I, R. Matt Davis, (K14QBF) submit this letter in favor of allowing the FCC to waive Hospitals under section 97.113 (Part 97 rules) and allow the hospitals to include an amateur radio component to their community emergency response plans and programs. However, I do not feel it should include Emergency Management Services because they already have operations to function with radio capabilities; beyond “family” type systems.

The reason I support the waiver is due to the fact today’s society is changing with regards to how they (the public) responds to community emergencies. This is self evident by simply watching the news and observing that during a disaster people are now utilizing “self rescue” as a method of getting emergent care after a disaster. They are simply putting victims into the back of pick-up trucks, in car trunks, in back seats, on car hoods, in buses or any other vehicle that can be commandeered, at the time.

This “self rescue” method means the local Emergency Room receives victims within 5 minutes of the disaster, whereas, it takes from 25 – 45 minutes for EMS services to respond and “set up” to prepare to transport patients. This “victim self rescue” response forces the community hospitals to have their own “Emergency Response Team” to deal with the sudden surge of patients and the aftermath of the disaster. This response, not only has to be able to deal with the victims, but will have to deal with the potential “physical” components of the incidence, such as a “dirty component” of an explosion or any contamination that can occur during the “self rescue” of the victims.

These realities isolate the hospitals and in order for them to function and still serve their communities the hospital system needs the “stand alone” capabilities to communicate with other hospitals, as well as, other local, state, and federal agencies. I recall, earlier in my life (before 911), when we needed an ambulance, we would give the address, description of the address, and leave a “light on” or even meet the ambulance at the road, however in today’s society, “Hotel 6” is the only place where a “light is left on for you” and “self rescue” is more realistic. The harsh reality of today is that the hospital systems have to prepare for these contingencies, especially when considering the terrorist component; (I.e. Mumbai, India terrorist attack – November 27, 2008).

Also, we as a society have become too dependent on internet type communications, cell phones, texting, and other forms of modern electronic technologies. The HAM component of an Emergency Response Plan for community hospitals is logical, practical and unfortunately becoming more of a necessity in today’s society.

Times have changed and we have to plan according.

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This letter is electronically signed – K14 QBF